

Thomas Davis

From: Katie Kalahar <KKalahar@goodmankalahar.com>
Sent: Thursday, May 29, 2025 12:50 PM
To: Amber Dees; Deborah Gordon; Dora Koski; Elizabeth Hardy; Elizabeth Marzotto Taylor; Jill Hall; Jordan Anderson; Michelle Beveridge; Morry Hutton; Randi McGinn; Sarah Gordon Thomas; Teresa D'Costa; Thomas Davis
Subject: Plaintiff's Record Release Authorizations
Attachments: PI Release to OMP - [REDACTED].pdf; PI Release to OMP - Foley Baron.pdf; PI Release to OMP - [REDACTED].pdf; PI Release to OMP - Mellon Pries.pdf; PI Release to OMP - Riley & Hurley.pdf; PI Release to Riley - [REDACTED].pdf; PI Release to Riley - [REDACTED].pdf

External (kkalahar@goodmankalahar.com)



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Dear Counsel,

As a supplement to our discovery responses, attached are seven (7) Record Release Authorization forms signed by Ms. McKenna.

We revised OMP's forms as to the two treaters, because we are not agreeable to authorizing the release of any records in this case from "date of birth to the present." We revised Riley's forms because, consistent with OMP's forms, we are not agreeable to the extra language about communications, or to the language about Plaintiff's "understanding" of what the treater is or is not "authorized" to do.

Regards,

Kathleen J. Kalahar
Goodman Kalahar
1394 E. Jefferson Ave.
Detroit, MI 48207
(248) 310-0133

**HIPAA Privacy Authorization
For Disclosure of Protected Health Information
Relevant to Litigation, Pending Claims or Intent to Sue**

Patient's Name: Elyse McKenna

Address 5400 Greystone St., Chevy Chase, MD 20815

Date of Birth: ██████ 1 9 9 3

1. I make this Authorization for the purpose of copying records in connection with a lawsuit or claim to which I am a party.
2. This authorization is directed to and applies to protected health information maintained by:

██

3. I hereby authorize the above, its director, administrative and clinical staff or assignees, medical information services and billing departments to release any and all medical, pharmacological, psychological, and/or therapy records, from March 24, 2015 to present, including but not limited to any and all records, information, documents related to treatment, evaluation, analysis or consultation, psychiatric and psychological records, psychotherapy notes, progress notes, history forms/notes, intake forms, diagnosis, session notes, course of treatment, prognosis, tests administered (including but not limited to) all questionnaires, answer sheets, testing materials, scores and analysis of test results; x-rays, photographs, electronic and digital files. Please also provide all records regarding (1) treatment for alcohol or drug abuse otherwise covered by 42 C.F.R. Part 2; (2) psychiatric/psychological services and social work, (3) any information or records regarding communicable diseases and infections, which can include tuberculosis, venereal diseases, sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or ARC, and (4) all billing and insurance records or reports, correspondence, reports, letters, communications with referring physicians, hospital personnel, and the patient.

4. This information is to be released for copying purposes to: **Kienbaum Hardy Viviano Pelton & Forrest, P.L.C.** or their agent, at the following address: **280 N. Old Woodward Avenue, Suite 400, Birmingham, MI 48009**

5. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by the Federal Privacy Rules.

6. This authorization shall be in force and in effect until the conclusion of the pending litigation or claim unless otherwise specified.

7. I understand that I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and send it to the hospital, doctor, or other custodian of medical information. I understand that the revocation will not apply to information that has already been released in response to this authorization.

8. I understand that authorizing the release of this health information is voluntary and that I need not sign this form in order to ensure health care treatment, eligibility for benefits, payment or health plan enrollment.

9. A copy of this authorization is as valid as the original.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/29/2025

(Date)

x Elyse L McKenna

Signature of Patient or Legal Representative

Elyse McKenna

Print Name of Patient or Legal Representative

HIPAA Privacy Authorization
For Disclosure of Protected Health Information
Relevant to Litigation, Pending Claims or Intent to Sue